

- **Right to Choose How We Communicate With You.** You have the right to ask the Department to share information with you in a certain way or in a certain place. For example, you may ask the Department to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the basis for your request.
- **Right to File a Complaint.** You have the right to file a complaint if you do not agree with how the Department has used or disclosed information about you.
- **Right to Get a Paper Copy of this Notice.** You have the right to ask for a paper copy of this notice at any time.

How to Contact the Department to Review, Correct, or Limit Your Protected Health Information

You may contact your local Department of Social Services' office to:

- Ask to look at or copy your records
- Ask to limit how information about you is used or disclosed
- Ask to cancel your authorization

The Department may deny your request to look at, copy, or change your records. If the Department denies your request, we will send you a letter informing you why your request was denied and how you can request a review of the denial. You will also receive information about how to file a complaint with the Department of Social Services or with the U.S. Department of Health and Human Services, Office for Civil Rights.

How to File a Complaint, Report a Problem or For More Information

Contact the below-listed offices if you would like to file a complaint or report a problem with how the Department used or disclosed information about you. Your benefits will not be affected by any complaints you make. The Department cannot retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful. If you have any questions about this notice or need more information, please contact your Department of Social Services' caseworker or the Department of Social Services' Privacy Officer.

Privacy Officer

Department of Social Services
Division of Legal Services
700 Governors Drive
Pierre, South Dakota 57501
Phone: (605) 773-3305

Office for Civil Rights

Medical Privacy, Complaint Division
U.S. Department of Health and Human Services
200 Independence Avenue, SW, HHH Building,
Room 509H
Washington, D.C. 20201
Phone: 866-627-7748 TTY: 886-788-4989
Email: ocrmail@hhs.gov

Additional Information

In the future, the Department may change its Notice of Privacy Practices. Any changes will apply to information the Department already has, as well as any information the Department may receive in the future. A copy of the new notice will be posted at each of the Department's locations and provided as required by law. You may ask for a copy of the current notice any time you visit a Department of Social Services' office.

**SOUTH DAKOTA
DEPARTMENT OF SOCIAL
SERVICES
NOTICE OF PRIVACY
PRACTICES
(Effective: April 14, 2003)**

**THIS NOTICE DESCRIBES
HOW MEDICAL
INFORMATION ABOUT
YOU MAY BE USED AND
DISCLOSED AND HOW YOU
CAN GET ACCESS TO THIS
INFORMATION. PLEASE
REVIEW IT CAREFULLY.**

The Department of Social Services (DSS) provides many types of services. Department staff must collect information about you to provide these services. We know that information we collect about you and your health is private. Federal and state laws require us to protect the information we collect. We call this information "protected health information" or "PHI".

This Notice of Privacy Practices tells you how the Department of Social Services may use or disclose information about you. Not all situations will be described. We are required to give you a notice of our privacy practices for the information we collect and keep about you. The Department is required to follow the terms of the notice currently in effect.

Information That May Be Used or Disclosed Without Your Authorization

- **For Treatment.** The Department may use or disclose information with health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.
- **For Payment.** The Department may use or disclose information to obtain payment or to pay for the health care services you receive. For example, the Department may provide protected health information to your health plan in order to bill your health plan for health care services provided to you.
- **For Health Care Operations.** The Department may use or disclose information in order to manage its programs and activities. For example, the Department may use protected health information to review the quality of services you receive.
- **Appointments and Other Health Information.** The Department may send you reminders for medical care or checkups or information concerning health services that may be of interest to you.
- **For Eligibility.** The Department may use your protected health information to determine eligibility for and/or the level of assistance for programs operated by the Department, such as: Medicaid, Children's Health Insurance Program (CHIP), Low Income Families (LIF) Program, homemaker services, home health services, and personal care services.
- **For Health Oversight Activities.** The Department may use or disclose information to inspect or investigate health care providers.
- **As Required by Law and For Law Enforcement.** The Department will use and disclose information when required or permitted by federal or state law or by a court order.

- **For Abuse Reports and Investigations.** The Department is required by law to receive and investigate reports of abuse.
- **For Government Programs.** The Department may use and disclose information for public benefits under other government programs. For example, the Department may disclose information for the determination of Supplemental Security Income (SSI) benefits.
- **To Avoid Harm.** The Department may disclose protected health information to law enforcement in order to avoid a serious threat to the health and safety of a person or the public.
- **For Research.** The Department may use information for studies and to develop reports. Any studies or reports prepared for research purposes would not identify specific people.
- **Disclosures to Family, Friends, and Others.** The Department may disclose information to your family or other individuals involved in your medical care. You have the right to object to the sharing of this information.
- **To Recover Amounts Owed to the State or Federal Government.** The Department may disclose information to other third-party payment sources for the purposes of recovering amounts owed to the state or federal government as a result of overpayments or overissuances of program benefits.

Uses and Disclosures Requiring Your Written Authorization

For other situations, the Department will request your written authorization before using or disclosing protected health information. You may cancel this authorization at any time in writing. The Department cannot take back any uses or disclosures already made with your authorization.

Privacy Rights for Protected Health Information

When information is maintained by the Department as a public health agency, the public health records are governed by other state and federal laws and are not subject to the rights described below.

- **Right to See and Get Copies of Your Records.** In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records.
- **Right to Request to Correct or Update Your Records.** You may ask the Department to change or add missing information to your records if you think there is a mistake. You must make the request in writing and provide a reason for your request.
- **Right to Get a List of Disclosures.** You have the right to ask the Department for a list of disclosures made after April 14, 2003. You must make the request in writing. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your authorization.
- **Right to Request Limits on Uses or Disclosures of PHI.** You have the right to ask the Department to limit how your information is used or disclosed. You must make the request in writing and specify what information you want to limit and to whom you want the limits to apply. The Department is not required to agree to the restriction. You can request that the restrictions be terminated. A request to terminate a restriction may be communicated to the Department either in writing or verbally.
- **Right to Revoke Permission.** If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.